

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>208110</u>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		1				
2							52		1				
3							53		1				
4							54		1				
5							55		1				
6							56		1				
7							57		1				
8							58		1				
9							59		1				
10							60		1				
11							61		1				
12							62		1				
13							63	1					
14							64		1				
15	1						65		1				
16							66		1				
17		1					67		1				
18		1					68		1				
19							69		1				
20							70		1				
21							71		1				
22							72		1				
23							73		1				
24							74		1				
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47		1					97						
48		1					98						
49	1						99						
50		1					100						
TOTAL IND.	3						TOTAL IND.						
TOTAL DEP.	39						TOTAL DEP.						
TOTAL CLAIMS	42						TOTAL CLAIMS						